



Participant Registration Form

Name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # _____ Email _____

Student registration \$30.00
Early bird registration \$75.00 (paid on or before June 16, 2015)
Late registration \$100.00 (paid after June 16, 2015)
Refunds will be issued **PRIOR** to June 16th minus a \$10.00 handling fee.

Make check payable to PHN Conference (No credit cards or online payment available this year). Mail to:

**Nelson-Griggs District Health Unit
PO Box 365
McVille, ND 58254**

Enclosed is check # _____ in the amount of \$ _____

Conference information and Planning

Date and Time: July 16th from 8:00 AM – 4:30 PM

Lodging: A block of rooms has been reserved at the Radisson (reserve by 06/15/2015 at 1.701.255.6000) under "Public Health Nursing Conference" or at the AmericInn Lodge and Suites (reserve by 06/27/2015 at 1.701.250.1000) under "Public Health Nursing Conference". These rooms are available on a first-come, first serve basis.

Parking passes available to all conference attendees.

Registration Fee includes a light breakfast. Please check box if you will **not** be having breakfast.

Special diet required. Please List _____

